



Maternal and Child Health Care Services in Albania

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Albania has one of the youngest populations among the European countries. Albania continues to be involved in a progressive improvement of standards for the protection and respect of children's rights to health. We describe the Albanian pediatric health system, with a particular focus on pediatric primary health care and, first access care, and the structure and staffing of health centers and women and children's consulting centers. Secondary and tertiary pediatric care and neonatal care are also described.

The Albanian national laws approved during recent years have had a positive impact on the status of women and children; however, the outcomes seem to be insufficient because of the persistence of several negative socioeconomic factors. The Albanian Pediatric Society believes that the important and beneficial changes observed during the last 20 years should be further supported and implemented. In this regard, Albanian Pediatric Society is fully committed to developing initiatives described in this report and to join the efforts of international collaborative programs and studies aimed at improving the social and health conditions of Albanian children. (*J Pediatr* 2016;177S:S11-20).

Albania has one of the youngest populations among the European countries.¹ According to the most recent census in 2011,² Albania has a population of 2 831 741 inhabitants, with a decrease of 7.7% from the 2001 census. The number of children 0-18 years of age is currently estimated to be approximately 1 000 000 (35.3%) compared with the data reported from the previous decade, which recorded this segment of population to be 24% of the total population of 3 172 000.^{3,4}

Albania is an upper middle-income country geographically located in Southeastern Europe, whose trajectory and scope of socioeconomic transformation in the last 20 years have been among the most notable in the region.¹ During the economic evolution of 1992-2013, the gross domestic product (GDP) of Albania rose by US \$11.3 billion (8.1 times) to US \$12.9 billion, and the GDP per capita increased by US \$3614 (9 times) to US \$4066. During the same period, the average annual GDP growth per capita in Albania was US \$172.1 (38.1%).⁵ Between 2002 and 2008, poverty fell by one-half (to approximately 12.4%), with extreme poverty affecting less than 2% of the population. With the onset of the global financial and economic crisis, Albania's growth rate decreased. However, in the period from 2009 to 2015, contrary to many European countries and in spite of the recent global economic downturn, Albania was able to maintain a positive growth rate and general financial stability.

Health Care System

Social awareness has grown following the introduction of democracy in the country in 1991. Albania has been, and continues to be, involved in a progressive improvement of standards for the protection and respect of basic human rights. In particular, Albania is among the nations that signed and ratified the United Nations' Convention on the Rights of the Child and is actively engaged in its implementation.

The National Action Plan for Children 2005-2010 represents a significant step forward in children's rights. The National Action Plan for Children 2012-2015 is designed to promote cooperation among government authorities, private donors, civil society organizations, and communities in order to improve children's rights. With the endorsement of this policy document, Albania fulfills Recommendation 11 of the European Union Progress Report on Albania's European integration efforts.

Implementation of children's rights to social protection and social inclusion, protection from violence and abuse, quality education and health care, and legal protection will continue to be one of the country's priorities and obligations; hence, the continuity of social policies. At the same time, the National Action Plan for Children 2012-2015 reflects the important legislative and institutional changes that have taken place in Albania in the last year. Government of Albania National Action Plan for Children 2012-2015 emphasize the right to health care for children through 4 overall goals: (1) provision of essential health care for mothers and children to reduce Infant Mortality Rate; (2) prevention of malnutrition, obesity, and overweight

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| ALL | Albanian Leaks |
| APS | Albanian Pediatric Society |
| GBD | Global Burden of Diseases |
| GDP | Gross domestic product |
| INSTAT | National Institute of Statistics |
| WCCC | Women and children's consulting center |

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among children; (3) prevention of contagious diseases and reduction of the main childhood diseases; and (4) control and prevention of HIV/AIDS and sexually transmitted diseases.

The efforts of Albania in this area are also based on the acknowledgment that health is a state of physical, mental, and social well-being, and does not only mean an absence of illness or disease. The Albanian Pediatric Society (APS)⁶ is strongly committed to pursuing the establishment of a social system that is able to protect children's health. This means including access to essential medicine and recognizing that the right to health is closely linked to other fundamental human rights, such as providing quality standards of health care and access to proper health care services. Therefore, APS is actively involved in advocating children's rights to the government and civil society to timely access to appropriate health services.

Historical Background

Before the Second World War, Albania had few doctors, most of whom were trained abroad and a small number of private hospitals and institutions run by religious groups. In 1932, for instance, there were a total of 111 medical doctors, 39 dentists, 85 pharmacists, and 24 midwives in the country. Most of the population did not have access to health care facilities that were mainly based in urban areas.

Access to health care services improved after 1945 when a health care system was developed based on the Soviet Semashko model.⁷ The first medical school opened in Tirana in 1959, and a consistent number of health care personnel, including doctors and nurses, were trained in the Soviet Union and in other eastern European countries.

Despite the country's break from the Soviet Union in later years, many aspects of health care policy and planning in Albania continued to follow the Semashko model. Health and epidemiology centers were set up in each of the 26 then existing districts. During the 1960s, the State developed an extensive primary health care system, providing every village with at least a midwife responsible for prenatal care and immunization programs.

In the 1970s the emphasis switched to hospital type of care, following increased investments from the Ministry of Health of the Communist regime toward secondary and tertiary care and its health indicators. However, in the early 1990s, many socioeconomic and health indicators, including widespread poverty, malnutrition, and poor standards of health services, still showed a significant negative difference compared with the majority of the European western countries. The level of medical technology was also very low, and the equipment was outdated. Thus, at the beginning of the 1990s, the average age of medical equipment in Albania was 25 years. The continuing high rates of infant mortality and the outbreaks of infectious diseases in the 1980s highlighted the inability of the system to respond effectively to health care problems. Historically, Albania's health care system has been based on the principles of free access, wide coverage of the population, and financing by general taxation. During the Communist

system, the government was responsible for financing and delivery of health care.

Public Health System in the Post-Communist Era (1991 to Present)

After the democratic changes introduced in 1991, the Albanian health system has undergone significant reforms that focused on the following key elements: (1) streamlining health services, including a rationalization of the public health center facility network; (2) improving the quality of health services; (3) protecting and increasing financial resources for the health services; (4) developing human resources; and (5) strengthening the health information system.

A program of profound restructuring of public health system, therefore, has taken place, mainly along the lines of the Health System Modernization Project and Social Sector Reform Development Policy Loan Project,⁸ promoted and supported by the World Bank. The main goals of this program are: (1) improving the capacity of the Ministry of Health and Health Insurance Institute to effectively formulate and implement health policies and reforms in provider payments, monitoring, and quality assurance; (2) improving both the access to, and quality of, primary health care services, with an emphasis on those in poor and underserved areas; and (3) improving governance and management in the hospital sector.

The health care in Albania currently includes private and public sectors. However, the health care system is mainly public, and the State is the major provider of health services (eg, health promotion, prevention, diagnosis, treatment). The primary role in the public health sector is held by the Ministry of Health, which devises policies and regulates the health system. Public hospital services are under the jurisdiction of the Ministry of Health and other public institutions. However, local authorities also play a role regarding the allocation of public resources for the health sector at regional level.

Public health care is organized into 3 levels: primary care, secondary care, and tertiary hospital care. Public health and preventive services are coordinated and monitored by the Institute of Public Health. Furthermore, the public health care system includes few additional national health institutions, which are under the direct control of the Ministry of Health, providing specific health services. They include the National Center for Blood Transfusion; National Center for Child Well-Growing, Development, and Rehabilitation; University Dental Clinic National Center for Biomedical Engineering; National Center for Drug Control; and the National Center of Quality Safety and Accreditation of Health Institutions (Figure 1).

The organization of health care in Albania reflects the territorial organization of the country that is divided into 12 administrative counties (qark or prefekturë). Beginning in June 2015, these counties were divided into 61 municipalities (bashki), which have replaced the original 36 districts (rreth). Therefore, there are 12

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